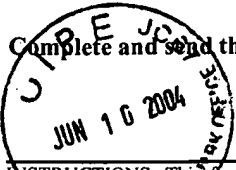


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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7590

04/30/2004

William M. Lee, Jr.
Lee, Mann, Smith, McWilliams, Sweeney & Ohlson
P.O. Box 2786
Chicago, IL 60690-2786

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Jennifer J. Ramirez	(Depositor's name)
	(Signature)
June 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,386	02/28/2002	Eleanor L. Schuler	0607-1005	6635

TITLE OF INVENTION: ELECTRICAL METHOD TO CONTROL AUTONOMIC NERVE STIMULATION OF GASTROINTESTINAL TRACT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	607-040000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Barnes & Thornburg
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 3. _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Science Medicus Inc.

Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent);

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)
June 3, 2004

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